

ED Depart Summary

* Final Report *

Result date: 10 August 2009 16:44 EDT
Result status: Auth

* Final Report *

Depart Summary (Verified)

Waterbury Hospital Emergency Department Depart Summary

PERSON INFORMATION

Name [REDACTED]
Sex Female
Marital Status Single
[REDACTED]
Visit Reason Palpitations
Enc Type Emergency
Track Group ED Tracking Group
[REDACTED]
Checkin 8/10/2009 12:48 PM

Arrival 8/10/2009 12:48 PM

Address:
[REDACTED]

Age 31 Years
Language English
[REDACTED]
Visit Id
Specialty Main ED
Med Service Emergency Services
Discharge
Checkout 8/10/2009 4:43 PM
Acuity 3 Urgent

DOB [REDACTED]
PCP [REDACTED]

Referred by

Dispo Type 09 - Admitted as an IP to this
hospital
LOS 000 03:55

PROVIDER INFORMATION

Provider	Role	Assigned	Unassigned
[REDACTED]	ED Physician/PA	8/10/2009 1:33 PM	
[REDACTED]	ED Nurse	8/10/2009 2:39 PM	
[REDACTED]	ED Nurse	8/10/2009 2:50 PM	



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No Home Medications

0, 0

DISCHARGE INFORMATION

Discharge Disposition: 09 - Admitted as an IP to this hospital

Discharge Location:

DEPART REASON INCOMPLETE INFORMATION

Depart Action

Incomplete Reason

Med. Profile

Patient transferred

PHYS DOC NOTES

(Note may be incomplete, see Cerner for the full ED record or call medical records to have it faxed)

Patient:

Age: 31 years Sex: Female

DOB:

Author:

Basic Information

Time seen: Date & time 08/10/09 13:33:00.

History source: Patient.

Arrival mode: Walking.

Vital signs: Vital Signs,

08/10/09 12:49 EDT

Temperature Tympanic 97.5 DegF LOW

Peripheral Pulse Rate 74 bpm

Respiratory Rate 20 br/min

Systolic Blood Pressure 148 mmHg HI

Diastolic Blood Pressure 83 mmHg Oxygen

saturation: Oxygen Saturation.

08/10/09 12:49 EDT

Oxygen Saturation 97 %

Medications: .

Documented Medication Orders

No Home Medications, 0, 0

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Allergies:

Allergic Reactions (all)

NKA

Notes: Chief Complaint from Nursing Triage Note : Chief Complaint.

08/10/09 12:49 EDT

Chief Complaint

pt off thyroid meds due

to be laid off feels palpitations and hr too low for her usually runs in 100's

History of Present Illness

The patient is a 31 years old Female who presents with difficulty breathing. Duration lasting 3 day(s). The course is waxing & waning. The degree of severity is mild. The exacerbating factor is negative. The mitigating factor is negative. Prior episodes: none. Thromboembolism risk factors: not birth control pills, bedridden, immobility, lower extremity trauma, pregnancy or recent surgery. pt does walk into the woods but denies an flu like illness this year or rash. pt been without her PTU and propranol since 12/08 b/c got laid off but has felt fine until 3 days ago when started to feel like "I couldn't take a deep breath" Occasional lightheadedness, no chest discomfort, today felt her pulse and felt slow so came here..

Associated Symptoms

Constitutional symptoms: No fever, no chills, no malaise or no decreased level of consciousness.

Urinary symptoms: no dysuria no frequency, no hematuria, no urgency.

Orthostatic symptoms: No lightheadedness.

Cardiovascular symptoms: No chest pain or no palpitations.

Respiratory symptoms: Cough (mild dry cough, slightly more than chronic smoker's cough), but no orthopnea.

Other gastrointestinal symptoms: no vomiting no diarrhea, no pain.

Review of Systems

Other significant review of systems All other systems reviewed and otherwise negative

Past Medical/ Family/ Social History

Medical history: Respiratory: bronchospasm, Additional significant medical history: migraines, hyperthyroid.

Social history: Alcohol: Uses alcohol occasionally, Tobacco: Uses tobacco products regularly, Drugs: Denies drug use.

Physical Examination

General appearance: No Distress.

Skin: Warm, Dry. No rash.

Eye: Pupils equal, round, and reactive to light. Extraocular movements intact.

Ears, nose, mouth and throat: Oral mucosa moist. No pharyngeal erythema or exudate.

Neck: Supple.

Heart: Regular rate and rhythm, no extra heart sounds, no murmurs.

Respiratory: Lungs clear to auscultation bilaterally. Respirations nonlabored.

Abdominal: Soft. Nontender. Non distended. Normal bowel sounds.

Extremity: Normal range of motion. No swelling. No tenderness.

Neurological: Alert and oriented times 3. No focal neuro deficits.

Psychiatric: Appropriate.

Medical Decision Making

Clinical work-up/Interpretation

Electrocardiogram:



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Interpretation by Emergency Physician. irregularly spaced p waves of a single appearing focus with narrow complex qrs which are mostly irregularly spaced, possible afib with aberrant conduction vs high grade av dissociation.
Chest X-Ray: Within normal limits.

[REDACTED]

[REDACTED]